

Entity Number 135911

Applicant's Form Identifier stery10 2007-2008

Contact Person Jeff Hippen

Phone Number 815-626-5050

**Block 5: Discount Funding Request(s)**

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page

2

of

6

FRN

to be obtained by administrator

- 10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

**11 Category of Service** ( only ONE category should be checked)

- ☐ **PRIORITY 1**  
Telecommunications Service
- ☐ **PRIORITY 2**  
Internal Connections Other than Basic Maintenance
- ☒ Internet Access
- ☐ Basic Maintenance of Internal Connections

**12 Form 470 Application Number**

329000000570812

**13 SPIN – Service Provider Identification Number**

143001912

**14 Service Provider Name**

SBC ILLINOIS

- 15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

**15b Contract Number**

- 15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

- 15d ☒ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 142557

**16a Billing Account Number** (e.g., billed telephone number)

244540102

- 16b ☒ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

**Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)  
(based on Form 470 filing)

02/09/2007

**18 Contract Award Date** (mm/dd/yyyy)**19 Service Start Date** (mm/dd/yyyy)

07/01/2007

**20a Service End Date** (mm/dd/yyyy)

06/30/2008

**20b Contract Expiration Date**  
(mm/dd/yyyy)**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

**22 Entity/Entities Receiving This Service:**

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

**23 Calculations**

Recurring Charges

**A. Monthly charges** (total amount per month for service)

\$873.97

**B. How much of the amount in A is ineligible?**

\$0.00

**C. Eligible monthly pre-discount amount** (A minus B)

\$873.97

**D. Number of months service provided in funding year**

12

**E. Annual pre-discount amount for eligible recurring charges**  
(C x D)

\$10,487.64

Non-Recurring Charges

**F. Annual non-recurring charges**

\$0.00

**G. How much of the amount in F is ineligible?**

\$0.00

**H. Annual eligible pre-discount amount for non-recurring charges**  
(F minus G)

\$0.00

Total Charges

**I. Total funding year pre-discount amount** (E + H)

\$10,487.64

**J. Discount from Block 4 Worksheet**

56%

**K. Funding Commitment Request** (I x J)

\$5,873.08

**Attachment**

Attachment #1 62

918231

Entity Number 135911

Applicant's Form Identifier stery10 2007-2008

Contact Person Jeff Hippen

Phone Number 815-626-5050

**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page

3

of

6

FRN

(To be assigned by administrator)

- 10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

**11 Category of Service** (only ONE category should be checked)

- ☒ **PRIORITY 1** Telecommunications Service  
☐ **PRIORITY 2** Internal Connections Other than Basic Maintenance  
☐ Internet Access ☐ Basic Maintenance of Internal Connections

**12 Form 470 Application Number**

329000000570812

**13 SPIN – Service Provider Identification Number**

143001912

**14 Service Provider Name**

SBC ILLINOIS

- 15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

**15b Contract Number**

- 15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

- 15d ☒ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 1426087

**16a Billing Account Number** (e.g., billed telephone number)

815R1707874437

- 16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)  
(based on Form 470 filing)

02/09/2007

**18 Contract Award Date** (mm/dd/yyyy)**19 Service Start Date** (mm/dd/yyyy)

07/01/2007

**20a Service End Date** (mm/dd/yyyy)

06/30/2008

**20b Contract Expiration Date**  
(mm/dd/yyyy)**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

**22 Entity/Entities Receiving This Service:**

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:  
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

918231

**23 Calculations**

Recurring Charges

**A. Monthly charges** (total amount per month for service)

\$974.97

**B. How much of the amount in A is ineligible?**

\$0.00

**C. Eligible monthly pre-discount amount** (A minus B)

\$974.97

**D. Number of months service provided in funding year**

12

**E. Annual pre-discount amount for eligible recurring charges**  
(C x D)

\$11,699.64

Non-Recurring Charges

**F. Annual non-recurring charges**

\$0.00

**G. How much of the amount in F is ineligible?**

\$0.00

**H. Annual eligible pre-discount amount for non-recurring charges**  
(F minus G)

\$0.00

Total Charges

**I. Total funding year pre-discount amount** (E + H)

\$11,699.64

**J. Discount from Block 4 Worksheet**

56%

**K. Funding Commitment Request** (I x J)

\$6,551.80

**Attachment**

Attachment #3



Entity Number 135911

Applicant's Form Identifier stery10 2007-2008

Contact Person Jeff Hippen

Phone Number 815-626-5050

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page

4

of

6

FRN

As he assigned by administrator

- 10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

## 11 Category of Service (only ONE category should be checked)

- ☒ **PRIORITY 1**  
Telecommunications Service
- ☐ **PRIORITY 2**  
Internal Connections Other than Basic Maintenance
- ☐ Internet Access
- ☐ Basic Maintenance of Internal Connections

## 12 Form 470 Application Number

329000000570812

## 13 SPIN - Service Provider Identification Number

143001912

## 14 Service Provider Name

SBC ILLINOIS

- 15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

## 15b Contract Number

- 15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

- 15d ☒ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 1426144

## 16a Billing Account Number (e.g., billed telephone number)

823305999

- 16b ☒ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)  
(based on Form 470 filing)

02/09/2007

## 18 Contract Award Date (mm/dd/yyyy)

## 19 Service Start Date (mm/dd/yyyy)

07/01/2007

## 20a Service End Date (mm/dd/yyyy)

06/30/2008

20b Contract Expiration Date  
(mm/dd/yyyy)

## 21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

## Attachment

Attachment #4

## 22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

918231

## 23 Calculations

Recurring Charges

## A. Monthly charges (total amount per month for service)

\$231.00

## B. How much of the amount in A is ineligible?

\$0.00

## C. Eligible monthly pre-discount amount (A minus B)

\$231.00

## D. Number of months service provided in funding year

12

E. Annual pre-discount amount for eligible recurring charges  
(C x D)

\$2,772.00

Non-Recurring Charges

## F. Annual non-recurring charges

\$0.00

## G. How much of the amount in F is ineligible?

\$0.00

Total Charges

## I. Total funding year pre-discount amount (E + H)

\$2,772.00

## J. Discount from Block 4 Worksheet

56%

## K. Funding Commitment Request (I x J)

\$1,552.32

Entity Number 135911

Applicant's Form Identifier stery10 2007-2008

Contact Person Jeff Hippen

Phone Number 815-626-5050

**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page

5

of

6

FRN

(to be assigned by administrator)

- 10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

**11 Category of Service** ( only ONE category should be checked)☐ **PRIORITY 1**

Telecommunications Service

☐ **PRIORITY 2**

Internal Connections Other than Basic Maintenance

☒ Internet Access☐ Basic Maintenance of Internal Connections**12 Form 470 Application Number**

329000000570812

**13 SPIN – Service Provider Identification Number**

143001912

**14 Service Provider Name**

SBC ILLINOIS

- 15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

**15b Contract Number**

- 15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

- 15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

**16a Billing Account Number** (e.g., billed telephone number)

815299-16617687

- 16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)  
(based on Form 470 filing)

02/09/2007

**18 Contract Award Date** (mm/dd/yyyy)**19 Service Start Date** (mm/dd/yyyy)

07/01/2007

**20a Service End Date** (mm/dd/yyyy)

06/30/2008

**20b Contract Expiration Date**  
(mm/dd/yyyy)**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

**Attachment**

Attachment #5

**22 Entity/Entities Receiving This Service:**

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:  
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

918321

**23 Calculations****A. Monthly charges** (total amount per month for service)

\$98.33

**B. How much of the amount in A is ineligible?**

\$0.00

**C. Eligible monthly pre-discount amount** (A minus B)

\$98.33

**D. Number of months service provided in funding year**

12

**E. Annual pre-discount amount for eligible recurring charges**  
(C x D)

\$1,179.96

**F. Annual non-recurring charges**

\$0.00

**G. How much of the amount in F is ineligible?**

\$0.00

**H. Annual eligible pre-discount amount for non-recurring charges**  
(F minus G)

\$0.00

**I. Total funding year pre-discount amount** (E + H)

\$1,179.96

**J. Discount from Block 4 Worksheet**

56%

**K. Funding Commitment Request** (I x J)

\$660.78



Entity Number 135911

Applicant's Form Identifier stery10 2007-2008

Contact Person Jeff Hippen

Phone Number 815-626-5050

**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page

6

of

6

FRN

(to be assigned by administrator)

- 10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

**11 Category of Service** ( only ONE category should be checked)

- ☐ **PRIORITY 1**  
Telecommunications Service
- ☐ **PRIORITY 2**  
Internal Connections Other than Basic Maintenance
- ☒ Internet Access
- ☐ Basic Maintenance of Internal Connections

**12 Form 470 Application Number**

329000000570812

**13 SPIN – Service Provider Identification Number**

143001912

**14 Service Provider Name**

SBC ILLINOIS

**23 Calculations****A. Monthly charges** (total amount per month for service)

\$98.33

**B. How much of the amount in A is ineligible?**

\$0.00

**C. Eligible monthly pre-discount amount** (A minus B)

\$98.33

**D. Number of months service provided in funding year**

12

**E. Annual pre-discount amount for eligible recurring charges**  
(C x D)

\$1,796.96

**F. Annual non-recurring charges**

\$0.00

**G. How much of the amount in F is ineligible?**

\$0.00

**H. Annual eligible pre-discount amount for non-recurring charges**  
(F minus G)

\$0.00

**I. Total funding year pre-discount amount** (E + H)

\$1,796.96

**J. Discount from Block 4 Worksheet**

56%

**K. Funding Commitment Request** (I x J)

\$660.78

- 15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

**15b Contract Number**

- 15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

- 15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 1426051

**16a Billing Account Number** (e.g., billed telephone number)

815Z95-02761935

- 16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)  
(based on Form 470 filing)

02/09/2007

**18 Contract Award Date** (mm/dd/yyyy)**19 Service Start Date** (mm/dd/yyyy)

07/01/2007

**20a Service End Date** (mm/dd/yyyy)

06/30/2008

**20b Contract Expiration Date**  
(mm/dd/yyyy)**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

**Attachment**

Attachment #6

**22 Entity/Entities Receiving This Service:**

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

146539

City Number 135911

Applicant's Form Identifier stery102007-2008

Contact Person Jeff Hippen

Phone Number 815-626-9082

## Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a	Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	\$49,269.00
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	\$27,590.64
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$21,678.36
d	Total budgeted amount allocated to resources not eligible for E-rate support	\$271,999.55
e	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$293,677.85
f	<input checked="" type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	

26 ☒ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b ☐ higher-level technology plan(s) for using the services requested in this application; or
- c ☐ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27 ☒ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.



Attach#	SBC	Mo.	Yr.	SPIN# 143001912	
				56% Disc	
1	Convergent Bill for Local Telecommunication Services				
	2445450102	\$1,829.15	\$ 21,949.80	\$ 12,291.89	
1	Convergent Bill for Internet Access				
	2445450102	\$873.97	\$ 10,487.64	\$ 5,873.08	
2	Convergent Bill Grid - 2 pages				
3	Local Telecommunication Services for SHS				
	815 R17-0787 4437	\$974.97	\$ 11,699.64	\$ 6,551.80	
4	Long Distance Telecommunication Services for the District				
	823305999	\$231.00	\$ 2,772.00	\$ 1,552.32	
5	T-1 Line for Internet Access				
	815Z99-16617687	\$98.33	\$ 1,179.96	\$ 660.78	
6	Wallace T-1 Line for Internet Access				
	815 Z95-02761935	\$98.33	\$ 1,179.96	\$ 660.78	
			\$ 49,269.00	\$ 27,590.64	\$ 21,678.36
			25a	25b	25c